

**NATIONAL EMS ADVISORY COUNCIL  
COMMITTEE REPORT AND ADVISORY**  
Current status: FINAL as of August 15, 2017

**Committee:** Patient Care, QI and General Safety  
**Title:** EMS Utilization of Controlled Substances  
**Version:** FINAL

**Issue Synopsis:** The use of controlled substance medications is critical to the practice of emergency medical services (EMS). An inconsistent and inefficient process for assuring availability of and accountability for this class of medications has resulted from the assortment of current federal and related state regulations and demands a unified solution.

**A. Problem statement**

The use of controlled substances, primarily opioid medications and benzodiazepines, is an important component of the advanced life support (ALS) treatments provided by EMS. Benzodiazepines are essential to abort ongoing seizures, which are life threatening if they continue unabated. Opioid medications provide the ability to promptly manage pain in patients suffering from multiple trauma, fractures and other painful conditions.

The abuse potential of these medications mandates the ability to reliably control their location and proper use. Unfortunately, federal regulation through the Drug Enforcement Administration (DEA) has not kept pace with the evolution of modern EMS practice, and remains written as if it were intended solely for brick-and-mortar institutions such as hospitals. In particular, the DEA has not revised regulations to take into account the unique elements of EMS systems and practice. A need for state pharmacy board regulations to comply with federal regulations further complicates this issue and prevents state-level solutions to the problem. The lack of uniform regulation to current EMS practice creates confusion and interferes with the ability to implement best practices in administration of and accountability for controlled substances at the agency and provider level. Creating an approach that promotes the safe, accountable use of these medications in the prehospital environment will provide direct benefit to patients in life-threatening situations while allowing greater ability to monitor their use and discover and prevent provider diversion.

**B. Crosswalk with other standards documents or past recommendations**

**FICEMS Strategic Plan Linkages:**

- Objective 1.2: Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions
- Objective 2.1: Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process
  - Pain Management EBG
- Objective 5.2: Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety

**Legislation:**

- H.R. 4365 (114<sup>th</sup>): Protecting Patient Access to Emergency Medications Act of 2016

(House of Representatives, 2016)

<https://www.congress.gov/bill/114th-congress/house-bill/4365>

- H.R. 304 (115<sup>th</sup>): Protecting Patient Access to Emergency Medications Act of 2017 (House of Representatives, 2017) <https://www.congress.gov/bill/115th-congress/house-bill/304>
- S.B. 916 (115<sup>th</sup>): Protecting Patient Access to Emergency Medications Act of 2017 (House of Representatives, 2017) <https://www.congress.gov/bill/115th-congress/senate-bill/916>

#### Federal initiatives:

- Evidence-based guideline development: An Evidence-Based Guideline for Prehospital Analgesia in Trauma. (Gausche-Hill et al., 2014)  
<http://www.tandfonline.com/doi/full/10.3109/10903127.2013.844873>

### **C. Analysis**

Addressing the gap between the realities of the Controlled Substances Act and the DEA regulatory interpretation at the federal and regional level and modern EMS practice is needed to assure continued availability of controlled substances in the EMS environment while assuring consistent accountability and preventing diversion of these drugs.

Important elements to address considering current and anticipated realities of EMS practice include to:

- (1) Promote consistency in approach to drug registration / purchase / distribution / storage / disposal nationwide with robust guidance for EMS agencies
- (2) Address how controlled substance delivery under standing orders / protocols is essential to EMS practice
- (3) Integrate objectives focused on inventory and documentation into initial and continuing education requirements

### **D. Committee conclusion**

The effective and safe provision of patient care in the prehospital environment with respect to the administration of controlled substance medications is compromised by the current gaps between federal and state regulations that are not aligned with modern EMS practice. Improved recognition of these gaps with remediation through education, training, and more uniform standards for controlled substance safety and accountability are ways to address this.

#### **Recommended Actions/Strategies:**

#### **NEMSAC Recommends to the:**

#### **National Highway Traffic Safety Administration**

Recommendation 1: The NEMSAC recommends that education on controlled substance safety and accountability be incorporated into the EMS Educational Standards and Instructional Guidelines.

Recommendation 2: The NEMSAC recommends that education on risk of provider addiction and drug diversion as well as resources for provider wellness be incorporated into the EMS Educational Standards and Instructional Guidelines.

Recommendation 3: The NEMSAC recommends that education on controlled

substance safety and accountability, and education on provider addiction and drug diversion, be included in the routine continuing education programs of EMS providers via Learning Management System modules or other modalities.

**Recommendation 4:** The NEMSAC recommends that NHTSA fund a workshop to elucidate the EMS-specific issues surrounding need for controlled substances, related patient and provider safety issues, drug availability, and consistent accountability to inform future state and federal-level educational and regulatory initiatives.

### **Federal Interagency Committee on Emergency Medical Services**

**Recommendation 1:** The NEMSAC recommends that NHTSA and FICEMS strongly support appropriate utilization of controlled substances for patient care in modern EMS practice, including but not limited to providing:

- implementation strategies for state regulators,
- best practices for EMS agencies and EMS physicians,
- linkage to evidence-based guidelines for use, and
- delineation of the role of EMS providers, under the supervision of a medical director, in assuring safe and appropriate use for patients and accountability for controlled medications.

These recommendations link to the following elements of the FICEMS Strategic Plan:

- Objective 1.2: Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions
- Objective 2.1: Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process
- Objective 5.2: Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety

### **References and Resources:**

1. Gausche-Hill, M., Brown, K. M., Oliver, Z. J., Sasson, C., Dayan, P. S., Eschmann, N. M., . . . Lang, E. S. (2014). An Evidence-based Guideline for prehospital analgesia in trauma. *Prehosp Emerg Care*, 18 Suppl 1, 25-34. doi:10.3109/10903127.2013.844873
2. Protecting Patient Access to Emergency Medications Act of 2016, 4365 C.F.R. (2016).
3. Protecting Patient Access to Emergency Medications Act of 2017, 304 C.F.R. (2017).
4. Protecting Patient Access to Emergency Medications Act of 2017, S.B. 916 (2017).